

Sample Provider Survey

Name of housing program: _____

Note: Please complete separate surveys for each housing and support service programs you operate. If a particular program serves both individuals and families, please complete one survey for individuals and one for families served by that program.

Agency Name: _____

Completed by _____

Phone # _____

Type of housing:

_____ permanent independent _____ permanent supportive _____ transitional
 _____ emergency _____ support services only _____ individuals _____ families

1. Daily capacity: how many homeless can be served on any one day?

	Females (% or #)	Males (% or #)
Substance abusers		
Seriously mentally ill		
Dually diagnosed		
HIV/AIDS		
Veterans		
Domestic violence victims		
Youth		
General population		
Other		
Total		

2. Annual capacity: how many homeless can be served in a year?

	Females (% or #)	Males (% or #)
Substance abusers		
Seriously mentally ill		
Dually diagnosed		
HIV/AIDS		
Veterans		
Domestic violence victims		
Youth		
General population		
Other		
Total		

3. Supportive services provided in this program.

In the first column write the number of your daily caseload capacity for each service provided by your program. In the second column check ✓ if the service is provided by another agency. In the third column ✓ check if your participants access the service outside of your program, and for any ✓ in columns 2 and 3 list the agencies that provide the services.

Supportive Service	Daily case load capacity	✓ if service is provided by another agency	✓ if your participants access the service outside of your program	List agencies that provide service
Job training (skill development)				
Employment access				
Employment assessment				
Supported/transitional employment				
Case management & advocay				
Substance abuse treatment/recovery support				
Mental health treatment				
Medical care				
Housing search/placement				
Life skills training				
Intake/assessment				
Outreach				
Basic needs (food, clothing, transportation)				

4. Please list any restrictions your program has for participants.

- a. Drug or alcohol free _____
- b. Age of participants _____
- c. Accessibility of facility _____
- d. Lengths of stay _____
- e. Other restrictions _____

5. Participant flow.

- a. Where do they come from? _____

- b. Where do they go after an unsuccessful tenancy? _____

- c. What percentage doesn't successfully remain in housing after 1 year? _____
- d. What is the average length of stay? _____
- e. Is there a maximum length of stay? _____

Thank you for completing this survey!